

Journal of Special Operations Medicine **Submission Criteria and Guidelines**

Thank you for your interest in the Journal of Special Operations Medicine. The following guidelines will ensure that your manuscript meets our requirements so that there will be no delay in the Editorial Review of your submission. All submissions and supporting documentation will be sent to the JSOM managing editor via the online [Submission Form](#).

Article submissions must relate actionable information for Special Operations Forces (SOF) and Tactical Emergency Medical Support (TEMS) medical personnel to implement in real time to provide expert care and treatment in a remote or austere environment. Submissions relevant to many host nation military that are trained by or accompany our SOF personnel are also welcome.

We have dedicated editorial and advisory staff to assist you with technical writing and article submissions. Your ideas are important to us! Don't miss this opportunity to publish in the JSOM and showcase worldwide your work and lessons learned.

Papers are to be submitted via the article [Submission Form](#). All submissions must be in Microsoft Word format. If your article is accepted, each author will receive a complimentary copy to the journal in which it is published.

Submitted papers must be written in English and describe original work not published or currently under review by other journals.

Submission Criteria

1. Use the active voice when possible. This is our most common editorial problem and often requires extensive re-writes. Use the sequence “subject – verb – object.” Possible exceptions are times when the passive voice is more appropriate than the active voice to help preserve the goals of research (i.e., to focus on the results rather than on the author).
2. Secure permission before including names of personnel mentioned in your piece. Do not violate copyright laws. If the work has been published before, include that information with your submission.
3. Be sure the document allows for editing with no restrictions. We reserve the right to edit all material for content and style. We will not change the author’s original point or contention but may edit clichés, abbreviations, vernacular, etc. We will give the author a chance to respond to and approve prior to going to layout. We may add editorial comments, particularly where controversy exists, or when a statement is contrary to established doctrine. However, the author must assume responsibility for their own statements, whether or not in accordance with doctrine. Both medical practice and the military doctrine are living bodies of knowledge, and JSOM’s intent is not to stifle responsible debate.
4. Special Operations require sensitivity to natives of host countries, occupied regions, and so on. We believe that patronizing terms generally are inappropriate for our pages. Realistic language of Operators (including some “four-letter” words) may be tolerated in anecdotal and historical articles, especially when used as direct quotes or when such use is traditional among Operators. We will delete or change blatantly offensive use.
5. All articles written by military members must be preapproved by your commander and PAO prior to submission to the JSOM. Authors must adhere to standard OPSEC practices and refrain from mentioning specific units, specific locations, troop strengths, names of actively serving military personnel, TTPs, vulnerabilities, and any other information that could be of use to an adversary.

JSOM Article Types

The following general guidelines provide a word count that includes the reference list. If the reference list is extensive, it may be partially or in full published online with a link to the references in the print article. The word limit for articles will help ensure timely publication of accepted manuscripts

Case Report: No more than 2000 words (includes a nonstructured abstract of 150 words or less), 1–4 figures/tables in total.

A case report should illustrate unreported or unusual side-effects or adverse interactions involving medications; unexpected or unusual presentations of a disease; new associations or variations in disease processes; presentations, diagnoses, and/or management of new and emerging diseases; an unexpected association between diseases or symptoms; an unexpected event in the course of observing or treating a patient; findings that shed new light on the possible pathogenesis of a disease or an adverse effect.

(<https://jmedicalcasereports.biomedcentral.com>)

In Brief: No more than 2000 words (includes a nonstructured abstract of 150 words or less), 1–4 figures/tables in total

This is a short presentation on timely information or research.

Original Research: No more than about 3750 words (includes a structured abstract of 200 words or less), 1–8 figures/tables in total

An article is considered original research if it is the report of a study written by the researchers who actually did the study, the researchers describe their hypothesis or research question and the purpose of the study, the researchers detail their research methods, the results of the research are reported, and the researchers interpret their results and discuss possible implications. **Appropriate statistical analyses must be performed on the data before the manuscript is submitted.** If assistance is needed, please see our “How it Works” series that started in the Spring 2017 JSOM, or contact the managing editor at Allison.Esposito@jsomonline.org

Review: No more than 3750 words (which includes a nonstructured abstract of 200 words or less), 1–4 figures/tables in total.

Traditional clinical review articles, also known as updates, differ from systematic reviews and meta-analyses. Updates selectively review the medical literature while discussing a topic broadly. Nonquantitative systematic reviews comprehensively examine the medical literature, seeking to identify and synthesize all relevant information to formulate the best approach to diagnosis or treatment. Meta-analyses (quantitative systematic reviews) seek to answer a focused clinical question, using a **rigorous statistical analysis of pooled research studies** (<http://www.aafp.org/afp/2002/0115/p251.html>).

Review with Case Presentations: No more than 3500 words, 1–8 figures/tables in total.

Editorial: No more than 2000 words (no abstract), 1–4 figures/tables in total.

Readers are welcome to submit Editorials putting forth their opinions with evidence to support their assertions.

Letter to the Editor: No more than 1500 words (no abstract), generally no figures or tables. Letters to the Editor are welcome to comment on any article or to extend the conversation of any article.

There I Was: No more than 2000 words (no abstract), 1–4 figures/tables in total.

Veterans of combat are the biographers of their lived experiences. If archives of SOF clinical narratives are unshared, incomplete, or unprotected, the immeasurable value of their experiences will be lost forever, to the detriment of not only the SOF community but also conventional military and civilian trauma science. When practitioners' experiences are formally conserved, those who have borne witness become de facto historians. Their histories must be collected and recorded, to preserve phenomena of interest to educational, scientific, and research entities. The only permanent and irrefutable evidence on which other clinical constructs can be built is the safeguarded narrative experiences of SOF clinicians.

Picture This: No more than 2500 words (which includes a nonstructured abstract of 150 words or less), 2–8 figures/tables in total.

This section is generally related to dermatology. The author provides images and asked the reader to determine what the images represent. The author then describes the case.

World of Special Operations Medicine: No more than 2000 words (which includes a nonstructured abstract of 150 words or less), 1–6 figures/tables in total.

The purpose of the *World of Special Operations Medicine* column in the JSOM is to help connect the non-US portions of the Special Operations Medical community with the rest of the Special Operations Medical community. Brief identification of the authors' national SOF or SOF-relevancy, the who (individuals, units), the what (important issues, roles, missions, scholarly works, knowledge gaps), where (ground the global reader where you are and what it's like), when (let them know what's been going on the last couple of years and what you're thinking will be important to you for the next few), why (you can discuss any new items that are special to you and your nation that are relevant for the globe to know). Particularly key on items that are relevant to your connection to the world community so that the *World of Special Operations Medicine* knows about you and can relate to you better. We recommend that an outline of your ideas is checked with the editors early for feedback before much is written.

Book Review: No more than about 750 words, 1 cover shoot of the book being reviewed

Title Page

The title page should have the following information:

1. *Article title.* Concise titles are easier to read than long, convoluted ones; a suggested length is 50 characters. Titles that are too short may, however, lack important information, such as study design (which is particularly important in identifying randomized controlled trials). Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific. Be aware that the subtitle may not always appear with the title, such as in the Table of Contents.

2. *Authorship*. Authors' names with each author's academic degree(s) and military rank if appropriate and institutional affiliations. **Each author's affiliation details should be no more than 30 words.**

If the article relates to duties that are performed or directly relate to medics, then a **medic needs to be involved in the publication of the article and be given authorship.**

The JSOM follows the guidelines concerning "authorship" as put forth by the International Committee of Medical Journal Editors (ICMJE) in "Uniform requirements for Manuscripts submitted to biomedical journals. Ethical considerations in the conduct and reporting of research, authorship and contributorship" (full policy at http://www.icmje.org/ethical_1author.html) and the general guidelines on authorship from the Council of Science Editors (<http://www.councilscienceeditors.org/resource-library/editorial-policies/white-paper-on-publication-ethics/2-2-authorship-and-authorship-responsibilities/#221>) regarding Authorship and Authorship Responsibilities, Guest Authorship, Honorary or Gift Authorship, Ghost Authorship, Anonymous Authorship, Group Authorship, and Deceased or Incapacitated Authors.

An "**author**" is generally considered to be someone who has made *substantive intellectual contributions to a published study*, and biomedical authorship continues to have important academic, social, and financial implications. An author must take responsibility for at least one component of the work, should be able to identify who is responsible for each other component, and should ideally be confident in their coauthors' ability and integrity.

Authorship credit should be based on ALL THREE CONDITIONS:

1. substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data
2. drafting the article or revising it critically for important intellectual content
3. final approval of the version to be published.

Authorship and Contributorship Statement

The JSOM requires an **author contributorship paragraph**, in which each author's responsibility for the study is delineated. The general aim of contributorship disclosure is to have authors describe exactly what each author did during the course of the study from its inception to publication, such as obtaining funding for the study; recruiting subjects; coordinating, collecting, and analyzing the data; and writing and revising the manuscript.

For example:

M.L. and A.E. conceived the study concept. R.S. obtained funding. W.K. recruited participants. L.D. and M.L. coordinated and collected the data, and K.K. analyzed the data. T.D. wrote the first draft, and all authors read and approved the final manuscript.

Some types of contributions do not alone justify identification as an author. Professional writers who participated only in drafting of the manuscript and did not have a role in the design or conduct of the study or the interpretation of results should be identified in the acknowledgments section along with information about potential conflicts of interest including whether they were compensated for the writing assistance and, if so, by which entity(ies). Other contributions that alone do not justify authorship include assisting the research by providing advice, providing research space, departmental oversight, obtaining financial support, isolated analyses, or providing reagents/patients/animals/other study materials. Individuals who contributed to the work but whose contributions were not of sufficient magnitude to warrant authorship should be identified by name in an acknowledgments section.

3. *Disclosures.* Authors should disclose any financial, funding, or other relation to a product under discussion (see also "Conflict of Interest Notification Page") For example:
FINANCIAL DISCLOSURE: The authors have indicated they have no financial relationships relevant to this article to disclose.

FUNDING: This work was supported by...

The authors should also give information regarding any other publication or presentation of study data, including meeting abstracts.

4. *Contact information for corresponding authors.* The name, mailing address, telephone and fax numbers, and email address of the author responsible for correspondence about the manuscript (the “corresponding author”; this author may or may not be the “guarantor” for the integrity of the study). The corresponding author should indicate clearly whether his or her email address can be published.
5. *The number of figures and tables.* It is difficult for editorial staff and reviewers to determine whether the figures and tables that should have accompanied a manuscript were actually included unless the numbers of figures and tables are noted on the title page. You can either designate within the text of the manuscript where you want your figures and tables placed, or you can place them in the text. However, ALL graphs and images need to be provided as separate high-resolution (300 dpi) images (prefer JPEGs) [see “Illustrations (Figures)”].
6. Provide a list of keywords for all feature articles that are based on MeSH listings. If you need assistance, go to <https://www.nlm.nih.gov/mesh/>.

Conflict of Interest Notification Page

To prevent potential conflicts of interest from being overlooked or misplaced, this information needs to be part of the manuscript. The ICMJE has developed a uniform disclosure form, which is to be used by all JSOM authors. When discussing a product, the author(s) must specify whether the product was purchased by them or their unit, or supplied for free by the seller or manufacturer. Finally, author(s) must disclose any relationship with the manufacturer or seller, whether financial, R&D, or other.

Article Structure Guidelines

See “Anatomy of an Article: Title, Abstract, and Introduction,” by A. Sauala et al., *J Trauma Acute Care Surg*, 2014;76:1322–1327 [Current Opinion], for an excellent aid in writing clear and effective articles.

Abstracts

- No abstracts are used for Letters to the Editor, Editorials, Book Reviews, or “There I Was.”
- Nonstructured abstracts should be used for Case Reports, In Brief, “Picture This,” and “World of Special Operations Medicine.”
- Structured abstracts are preferred for original research articles and systematic reviews.
- Structured abstracts should be 250 words or less and should provide the study background and purpose, basic procedures, main findings (giving specific effect sizes and significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations. A suggested format is: **Background** (or **Purpose**), **Materials and Methods** (or **Patients and Methods**, **Subjects and Methods**, or **Methods**), **Discussion**, **Results**, and **Conclusion**.
- If part of a clinical trial, please indicate and provide the ClinicalTrial.gov address.
- Abstracts are the only substantive portion of the article indexed in many electronic databases and the only portion that many viewers read; therefore, authors need to be careful that the abstract accurately reflects the content of the article. The authors must ensure that the information contained in the abstract does not differ from that in the main text.
- The authors must ensure that the information contained in their abstract does not differ from that in the main text. Provide a context or background for the study (that is, the nature of the problem and its significance).

Introduction

In a few short paragraphs, provide a context or background for the study (that is, the nature of the problem and its significance), the specific purpose or research objectives of the study, and the hypotheses tested by the study. State the specific purpose or research objective of, or

hypothesis tested by, the study or observation; the research objective is often more sharply focused when stated as a question. Both the main and secondary objectives should be clear, and any prespecified subgroup analyses should be described. Provide only directly pertinent references and do not include data or conclusions from the work being reported. A suggested framework is to present what was known about the subject area prior to the study (paragraph 1) linked to a knowledge gap that existed prior to the study (paragraph 2) followed by the study purpose and hypotheses (paragraph 3). Provide only directly pertinent references, and do not include data or conclusions from the work being reported.

Remainder of Article

Follow the abstract headings and provide secondary and tertiary heads as needed for clarity in reading.

For research studies, use the main section headers **Introduction**, **Methods**, **Results**, **Discussion**, and **Conclusion**. Use secondary and tertiary headers as needed for clarity in reading.

- The *Methods* section should contain sufficient detail for readers to understand what was done and to reproduce the results. The Methods section should also include a statement concerning the research approval by the responsible review committee.
- The *Results* section should present the results in a logical sequence using text, tables, and figures. All the data presented in tables and figures should not be repeated in text.
- The *Discussion* section should flow from the purpose statement in the Introduction section and should begin with a summary of the study's key findings. The Discussion section should place the study findings in the context of what was known before the study.
- The article should end with a Conclusion paragraph that concisely presents a defensible take-home message.

References

- Although references to review articles can be an efficient way to guide readers to a body of literature, review articles do not always reflect original work accurately. Readers should therefore be provided with direct references to original research sources whenever possible. On the other hand, extensive lists of references to original work can use excessive space on the printed page and may be published on our online version of the articles only.
- Avoid using abstracts as references. References to papers accepted but not yet published should be designated as “in press” or “forthcoming”; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. Information from manuscripts submitted but not accepted should be cited in the text as “unpublished observations” with written permission from the source. Avoid citing a “personal communication” unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, obtain written permission and confirmation of accuracy from the source of a personal communication. References should be verified using either an electronic bibliographic source, such as PubMed, or print copies from original sources. Authors are responsible for checking that none of the references cite retracted articles except in the context of referring to the retraction. PubMed is considered to be the authoritative source for information about retractions. Authors can identify retracted articles in MEDLINE by using the following search term, where pt in square brackets stands for publication type: Retracted publication [pt] in PubMed.
- **Style and Format:** The JSOM required style for references is based on the latest edition of the American Medical Association Manual of Style. References should be numbered consecutively in the order they are first mentioned in the text. Identify references in text, tables, and legends by using Arabic numerals in superscript.

References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. The titles of journals should be abbreviated according to the style used in the list of Journals Indexed for MEDLINE, posted by the National Library of Medicine on the library's website.

Tables

- Tables capture information concisely and display it efficiently; they also provide information at any desired level of detail and precision. Including data in tables rather than in the main text frequently makes it possible to reduce the length of the text.
- Type each table with double-spacing on a separate sheet of paper. Number tables consecutively in the order of their first citation in the text and supply a brief title for each. Do not use internal horizontal or vertical lines other than the program default properties.
- Give each column a short or an abbreviated heading. Authors should place explanatory matter in footnotes, not in the heading. Explain all nonstandard abbreviations in footnotes, and use the following symbols, in sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡, §§, etc.
- Identify statistical measures of variations, such as standard deviation and standard error of the mean. Be sure that each table is cited in the text. If you use data from another published or unpublished source, obtain permission and acknowledge that source fully.
- Additional tables containing backup data too extensive to publish in print may be appropriate for publication in the electronic version of the journal, deposited with an archival service, or made available to readers directly by the authors. An appropriate statement should be added to the text to inform readers that this additional information is available and where it is located. Submit such tables for consideration with the paper so that they will be available to the peer reviewers.

Illustrations (Figures)

- When saving a Word document, Excel spreadsheet, or PowerPoint presentation that contains an image, loss of image quality, such as blurring, may occur because PowerPoint, Excel, and Word perform a basic compression of images on save, and it is not possible to recover pictures that have already been compressed.
- Figures should be either professionally drawn and photographed or submitted as photograph-quality (300 dpi) digital prints. In addition to either placing the image in the text or providing a callout, authors must provide electronic files of figures in a format (JPEG) that will produce high-quality images.
- Titles and detailed explanations should be given in the legends, not in the illustrations themselves.
- Photomicrographs should have internal scale markers or provide the original magnification and stain used, if appropriate. Symbols, arrows, or letters used in photomicrographs should contrast with the background. Photographs of potentially identifiable people must be accompanied by written permission to use the photograph.
- Figures should be numbered consecutively according to the order in which they have been cited in the text. If a figure has been published previously, acknowledge the original source and submit written permission from the copyright holder to reproduce the figure.
- Permission is required irrespective of authorship or publisher except for documents in the public domain.

Legends for Illustrations (Figures)

When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend. Explain the internal scale and identify the original magnification and method of staining in photomicrographs.

Units of Measurement

Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or their decimal multiples. Temperatures should be in degrees Celsius. Blood pressures should be in millimeters of mercury, unless other units are specifically required by the journal.

Abbreviations and Symbols

- Use only standard abbreviations; the use of nonstandard abbreviations can be confusing to readers. Remember when using military abbreviations that your audience is interservice, civilian, and international.
- Avoid abbreviations in the title of the manuscript.
- The spelled-out abbreviation followed by the abbreviation in parentheses should be used on first mention unless the abbreviation is a standard unit of measurement. When an abbreviation is defined in the abstract, it does not have to be repeated in the main text. There is no set number of times an abbreviation must be used; please use abbreviations to provide clarity to the reader.
- Do not begin a sentence with an abbreviation.

At any point in your submission, please feel free to contact the managing editor at managingeditor@jsomonline.org for assistance, advice, or clarification.

The JSOM is your journal and serves as a unique opportunity for you to pass your legacy on to your peers!